In-Home Supportive Services
Quarterly Report On Quality Assurance/Quality Improvement (QA/QI)
For Personal Care Services Program (PCSP), IHSS Plus Waiver (IPW)
And IHSS Residual (IHSS-R) Programs

County:

County Code:	**Reporting Quarter:**
Name/Title of Person Completing Report:	
Telephone Number:	
Date Completed:	

ROUTINE SCHEDULED REVIEWS OF SUPPORTIVE SERVICES CASES

		PCSP		IPW		IHSS-R
1.	**Desk Reviews**	PCSP		IPW		IHSS-R
A.	Number Of Desk Review Cases With No Further Action Required					
B.	Number Of Desk Review Cases Requiring Additional Action					
C.	Number Of Desk Review Cases Conducted (1A plus 1B)	0		0		0
2.	**Home Visits**	PCSP		IPW		IHSS-R
A.	Number Of Home Visits With No Further Action Required					
B.	Number Of Home Visits Requiring Additional Action					
C.	Number Of Home Visits Conducted (2A plus 2B)	0		0		0
3.	**Total Number Of Desk Reviews And Home Visits Conducted**	PCSP		IPW		IHSS-R
A.	Total Number Of Reviews (1C plus 2C)	0		0		0
B.	Total Number Of Reviewed Cases With Correct Service Authorizations (1A plus 2A)					
C.	Total Number Of Reviewed Cases Requiring Case Action That __Did__ __Not__ Result In A Change In Service Authorizations					
D.	Total Number Of Reviewed Cases Resulting In A Change In Service Authorizations					
E.	QA Reviewed Cases Still Pending Final Determination					
4.	**Fraud Prevention/Detection And Over/Underpayment Activities**	PCSP		IPW		IHSS-R
A.	Number Of Cases Identified Through QA/QI Activities Requiring Further County Review					
B.	Number Of Cases Identified Through QA/QI Activities Referred To California Department of Health Services For Investigation					
C.	Number Of Underpayment Actions Initiated As A Result Of QA/QI Activities					
D.	Number Of Nonfraud-Related Overpayments Initiated As A Result Of QA/QI Activities					
E.	Number Of Fraud-Related Overpayments Initiated As A Result Of QA/QI Activities					
F.	Other: (specify)_____					

5.	Critical Event/Incident Identified *(Complete All That Apply)*	PCSP		IPW		IHSS-R
A.	Number Of Neglect Cases					
B.	Number of Abuse Cases (Physical, Sexual, Mental, Financial, Exploitation)					
C.	Number Of Provider "No Show" Cases That Pose A Threat To The Health And Safety Of The Recipient					
D.	Number Of "Harmful To Self" Cases					
E.	Number Of Cases With More Than One Critical Event/Incident					
F.	Other Types Of Critical Events/Incidents: *(specify)*_____					
6.	Actions Taken On Critical Events/Incidents Requiring A Response Within 24 Hours *(Complete All That Apply)*	PCSP		IPW		IHSS-R
A.	Adult Protective Services Referral					
B.	Child Protective Services Referral					
C.	Law Enforcement Referral					
D.	Public Authority Referral					
E.	911 Call Center Referral					
F.	Out-Of-Home Placement Referral					
G.	Other: *(specify)* _____					
7.	Targeted Reviews *(Complete All That Apply)*	PCSP		IPW		IHSS-R
A.	Timely Assessments					
B.	Timely Reassessments					
C.	Provider Enrollment Statement (SOC 823)					
D.	Voluntary Services Certification (SOC 450)					
E.	Request For Order And Consent-Paramedical Services (SOC 321)					
F.	Protective Supervision Medical Certification Form (SOC 821)					
G.	Hours Exceed Guidelines					
H.	Able And Available Spouse					
I.	Proration Calculations					
J.	Services For Children					
K.	Provider 300+ Paid Hours Report					
L.	Recipients Advised of Availability Of Fingerprinting Of Providers					
M.	Other: *(specify)* _____					
8.	Quality Improvement Efforts (Check All That Apply)					
A. ☐	Developed QA Tools/Forms And/Or Instructional Materials					
B. ☐	Ensured Staff Attended IHSS Training Academy					
C. ☐	Offered County Training On Targeted Areas					
D. ☐	Established Improvement Committees					
E. ☐	Established Tools For QA/QI Fraud Prevention/Detection					
F. ☐	Conducted Corrective Action Updates (attach a brief summary)					
G. ☐	Utilized Customer Satisfaction Surveys					
H. ☐	Other: *(specify)*_____					

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COUNTY INFORMATION:

County – Enter county name.
County Code – Enter county number.
Reporting Quarter – Enter the calendar month/year reporting quarter (March (1st), June (2nd), September (3rd), or December (4th).
Name/Title of Person Completing Report – Enter name/title of person completing report.
Telephone Number – Enter the telephone number of the person completing report.
Date Completed – Enter the date the report was completed.

SECTION I – Routine Scheduled Desk Reviews: Case files reviewed by county QA staff during the quarter, including a sample of denied cases for each program (PCSP, IPW, and IHSS-R).

1A. **Number Of Desk Review Cases With No Further Action Required –** Enter the number of case files reviewed during the quarter that **did not** require further action (i.e., file does not require follow-up – documentation complete, forms filled out properly, no fraud or referrals needed, etc.), and case service authorizations appear to be accurate based on case file documentation.
1B. **Number Of Desk Review Cases Requiring Additional Action –** Enter the number of case files reviewed during the quarter that required additional action to be taken (i.e., case file requires follow-up – documentation is incomplete, forms are not filled out properly, fraud or referrals are needed, etc.).
1C. **Number Of Desk Review Cases Conducted –** Enter the total number of desk case files that were reviewed during the quarter (1A plus 1B).

SECTION 2 – Routine Scheduled Home Visits: Home visits conducted by county QA staff during the quarter for each program (PCSP, IPW, and IHSS-R).

2A. **Number Of Home Visits With No Further Action Required –** Enter the number of home visits conducted during the quarter that **did not** require further action (i.e., file does not require follow-up – documentation complete, forms filled out properly, no fraud or APS referrals, etc.), and the case service authorizations were determined to be accurate based on the home visit.
2B. **Number Of Home Visits Requiring Additional Action –** Enter the number of home visits conducted during the quarter that required additional action (i.e., any follow-up actions necessary to determine appropriate service authorizations and/or any corrective action needed).
2C. **Number Of Home Visits Conducted –** Enter the total number of home visits conducted during the quarter (2A plus 2B).

SECTION 3 – Total Number Of Routine Scheduled Desk Reviews And Home Visits Conducted: Include routine scheduled desk reviewed case files and home visits conducted by QA staff during the quarter for each program (PCSP, IPW, and IHSS-R).

3A. **Total Number Of Reviews –** Enter the total number of desk reviewed case files and home visits conducted during the quarter (1C plus 2C).
3B. **Total Number Of Reviewed Cases With Correct Service Authorizations –** Enter the total number of desk reviewed case files and home visits conducted during the quarter where all service authorizations were determined to be accurate (1A plus 2A).
3C. **Total Number Of Reviewed Cases Requiring Case Action That Did Not Result In A Change In Service Authorizations -** Enter the total number or reviewed cases where some type of error was found (i.e., incompletion of appropriate forms, insufficient documentation, untimely assessments/reassessments, etc.), but the error **did not** result in a change in service authorization. This includes any reviewed cases reported under 3E as "pending" from previously reported quarters that now have results.
3D. **Total Number Of Reviewed Cases Resulting In A Change In Service Authorizations –** Enter the total number of desk reviewed case files and home visits that required additional action that **did** result in a change in service authorizations. This includes any reviewed cases reported under 3E as "pending" from previously reported quarters that now have results.
3E. **QA Reviewed Cases Still Pending Final Determination –** Enter the total number of desk reviewed case files and home visits where the QA review identified any type of corrective action needed and/or follow-up referrals that are still pending a final determination of either agreement with QA findings and/or are pending a finding based on further follow-up.

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SECTION 4 – Fraud Prevention/Detection And Over/Underpayment Activities: Complete this section when the county QA staff has suspected, discovered, or been given evidence of fraudulent activity during the quarter for each program (PCSP, IPW, and IHSS-R).

4A.   **Number Of Cases Identified Through QA/QI Activities Requiring Further County Review –** Enter the number of case files requiring further county review due to suspected fraud.
4B.   **Number Of Cases Identified Through QA/QI Activities Referred To California Department Of Health Services (CDHS) for Investigation –** Enter the number of cases referred to CDHS for further investigation or suspected fraud.
4C.   **Number Of Underpayment Actions Initiated As A Result Of QA/QI Activities -** Enter the total number of underpayments identified as a result of QA activities.
4D.   **Number Of Nonfraud-Related Overpayments Initiated As A Result Of QA/QI Activities –** Enter the total number of nonfraud-related overpayments identified as a result of QA activities.
4E.   **Number Of Fraud-Related Overpayments Initiated As A Result Of QA/QI Activities -** Enter the total number of fraud-related overpayments identified as a result of QA activities.
4F.   **Other (specify) –** Enter any other cases not identified above and identify the situation.

SECTION 5 – Critical Events/Incidents Identified: A critical event/incident is when there is an immediate threat or risk to the health and safety of a PCSP, IPW, and/or IHSS-R recipient. Complete this section **only if** a critical event/incident, as defined here, was discovered as part of the QA review process during the quarter. Complete all (A-E) that apply.

5A.   **Number Of Neglect Cases –** Enter the number of cases that indicated neglect.
5B.   **Number Of Abuse Cases (physical, sexual, mental, financial, exploitation) –** Enter the number of cases that indicated abuse.
5C.   **Number Of Provider "No Show" Cases That Pose A Threat To The Health And Safety Of The Recipient –** Enter the number of cases that indicated a provider "no show" which posed a threat to the health and safety of a recipient.
5D.   **Number Of "Harmful To Self" Cases –** Enter the number of cases that indicated a threat of the recipient causing harm to him/herself.
5E.   **Number Of Cases With More Than One Critical Event/Incident –** Enter the number of cases with more than one critical event/incident indicated.
5F.   **Other Types Of Critical Events/Incidents (specify) –** Enter the number of cases with any other types of critical events/incidents and identify the types indicated.

SECTION 6 – Actions Taken On Critical Events/Incidents Requiring A Response Within 24 hours: For each critical incident/event identify the number and type of case referral made during the quarter for each program (PCSP, IPW, and IHSS-R). Complete all (A-G) that apply.

6A.   **Adult Protective Services (APS) Referral –** Enter the number of completed case referrals.
6B.   **Child Protective Services (CPS) Referral –** Enter the number of completed case referrals.
6C.   **Law Enforcement Referral –** Enter the number of completed case referrals.
6D.   **Public Authority (PA) Referral –** Enter the number of completed case referrals.
6E.   **911 Call Center Referral -** Enter the number of completed case referrals.
6F.   **Out-Of-Home Placement Referral –** Enter the number of completed case referrals.
6G.   **Other (specify) –** Enter the number of other types of completed cases referrals, not specified in 6A-6F, and identify the types.

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SECTION 7 – Targeted Reviews: Targeted case reviews differ from routine scheduled desk reviews. Targeted reviews focus on a particular case type and/or single issue rather than focusing on randomly selected consumers receiving various types of services at the appropriate level that allows them to remain safely and independently in their home. Identify the focused areas (A-M) of each targeted review and the number of cases reviewed during the quarter for each program (PCSP, IPW, and IHSS-R).

7A. **Timely Initial Assessments –** Enter the number of targeted case files reviewed for timely assessments.

7B. **Timely Reassessments –** Enter the number of targeted case files reviewed for timely reassessments.

7C. **Provider Enrollment Statement (SOC 823) –** Enter the number of targeted cases files reviewed focusing on the Provider Enrollment Statement.

7D. **Voluntary Services Certification (SOC 450) –** Enter the number of targeted case files reviewed focusing on the Voluntary Services Certification.

7E. **Request For Order And Consent-Paramedical Services (SOC 321)** – Enter the number of targeted case files reviewed focusing on the Paramedical Services.

7F. **Protective Supervision Medical Certification (SOC 821) –** Enter the number of targeted case files reviewed focusing on the Protective Supervision Medical Certification.

7G. **Hours Exceed Guidelines –** Enter the number of targeted case files reviewed for hours exceeding applicable time guidelines.

7H. **Able And Available Spouse –** Enter the number of targeted case files reviewed for appropriate applications of Able and Available Spouse.

7I. **Proration Calculations –** Enter the number of targeted case files reviewed for proration calculations.

7J. **Services For Children –** Enter the number of targeted case files reviewed for services authorized appropriately for children.

7K. **Provider 300+ Paid Hours Report –** Enter the number of targeted case files reviewed that were generated by a review of the Over-300-Hours Report.

7L. **Recipients Advised Of Availability Of Fingerprinting Of Providers –** Enter the number of targeted case files reviewed to identify that recipients were advised of the availability of fingerprinting of providers.

7M. **Other (specify) –** Enter the number of case files reviewed for other targeted areas and identify the types.

SECTION 8 – Quality Improvement Efforts: Quality Improvement efforts identified, developed, and/or completed during the quarter. Check all that apply (A-H).

8A. **Developed QA Tools/Forms And/Or Instructional Materials –** Check box if QA tools, forms, and/or other instructional materials were developed for QA activities.

8B. **Ensured Staff Attended IHSS Training Academy –** Check box if staff attended IHSS Training Academy.

8C. **Offered County Training On Targeted Areas –** Check box if training was offered for county staff on targeted areas.

8D. **Established Improvement Committees –** Check box if QA/QI committees were established.

8E. **Established Tools For QA/QI Fraud Prevention/Detection –** Check box if QA tools, forms, and/or other materials were developed for fraud prevention/detection.

8F. **Conducted Corrective Action (Attach a brief summary.) –** Briefly describe corrective action developed as part of State or County QA review efforts.

8G. **Utilized Customer Satisfaction Surveys –** Check box if customer satisfaction surveys were utilized.

8H. **Other (specify) –** Check box if other Quality Improvement efforts occurred and identify the types.